Annual Survey Forms for Domestic Oil and Gas Reserves

Figure I1. Form EIA-23, Cover Page

Administration ANNUAL S	ENERGY INFORMATION Washington, I FORM EIA SURVEY OF DOMESTIC	STIC OIL AND GAS RESERVES			
This report is mandatory under the Federal Energy	REPORT YEA		ns	Resubmission?	
concerning the confidentiality of information and s			,,,,,	1100001111001111	
PART I. IDENTIFICATION		Enter mailing address and I	FIA ID numl	her if not shown	
Complete and return by April 15, 2007 to: Energy Information Administration U.S. Department of Energy P O Box 8279 Silver Spring, MD 20907-8279 Attn: Form EIA-23 OR Fax to: (202) 586-1076/ATTN: FORM EIA-23	EIA Identification Number: Company Name: Street or P.O Box: City, State, Zip Code:		0 0	0 0	
Questions? Call 1-800-879-1470					
Contact Information (person most knowledge)	deeable about the renorted data	2. Was your company an	oil and ac-	field operator of over the	200
Contact Person:	ageable about the reported data	A CONTRACTOR OF THE PARTY OF TH		field operator at any tir definition of an operator	
Phone Number: () -	Ext.	page 1)			
MANAGEMENT AND			(1) No Complete only items 3 through14 belo		
Fax Number:		return this page. (2) Yes Complete rest of form.			
E-mail Address: Company Status, Name, and/or Address C Name and address on mailing lab Change company name, contact s	el are correct.	appropriate box.)			
Name and address on mailing lab Change company name, contact i Company was sold to or merged of Company went out of business. Change Company Name, Address, and/or Company Name:	el are correct. person, and/or mailing address, a with company entered below. Operations transferred to compa	appropriate box.) us indicated below.			
Name and address on mailing lab Change company name, contact i Company was sold to or merged of Company went out of business. Change Company Name, Address, and/or Company Name: Street or P. O. Box:	el are correct. person, and/or mailing address, a with company entered below. Operations transferred to compa	appropriate box.) us indicated below.			
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Name and address on mailing lab Change company name, contact p Company was sold to or merged of Company Name, Address, and/or Company Name, Address, and/or Company Name. Street or P. O. Box: City, Stare, Zip Code: Contact Person (Please Print): Phone Number: () - Comments: PART II. PARENT COMPANY IDENTIFE. Is there a parent company which exercises control over your company? (1) No Answer 11 through 14.	person, and/or mailing address, a with company entered below. Operations transferred to compar. Contact Information to: Ext. Fax number. FICATION sultimate 6. Parent Compar. 7. Street of Transferred to Compar.	is indicated below. Is indicated below. Description: E-Mail / Company Name P.O. Box	Address:		
Name and address on mailing lab Change company name, contact Company was sold to or merged of Company Name, Address, and/or Company Name, Address, and/or Company Name: Street or P. O. Box: City, Stare, Zip Code: Contact Person (Please Print): Phone Number: () Comments: PART II. PARENT COMPANY IDENTIFES. Is there a parent company which exercises control over your company?	person, and/or mailing address, a with company entered below. Departions transferred to compar. Contact Information to: Ext. Fax number. FICATION s ultimate 6. Parent Compared to the co	is indicated below. Is indicated below. Description: E-Mail / Company Name P.O. Box		10. Zip Code	
Name and address on mailing lab Change company name, contact p Company was sold to or merged v Company went out of business. C Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, Stare, Zip Code: Contact Person (Please Print): Phone Number: () - Comments: PART II. PARENT COMPANY IDENTIF 5. Is there a parent company which exercises control over your company? (1) No Answer 11 through 14. (2) PART III. APPROVAL	person, and/or mailing address, a with company entered below. Operations transferred to compar. Contact Information to: Ext. Fax number. FICATION sultimate 6. Parent Compar. 7. Street of Transferred to Compar.	is indicated below. ny entered below.	Address:		
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Name and address on mailing lab Change company name, contact p Company was sold to or merged v Company went out of business. C Change Company Name, Address, and/or Company Name: Street or P. O. Box: City, Stare, Zip Code: Contact Person (Please Print): Phone Number: () - Comments: PART II. PARENT COMPANY IDENTIF 5. Is there a parent company which exercises control over your company? (1) No Answer 11 through 14. (2) PART III. APPROVAL	person, and/or mailing address, a with company entered below. Operations transferred to compar. Contact Information to: Ext. Fax number. FICATION sultimate 6. Parent Compar. 7. Street of Transferred to Compar.	is indicated below. ny entered below.	Address:		

Figure I2. Form EIA-23, Summary Report - Page 1

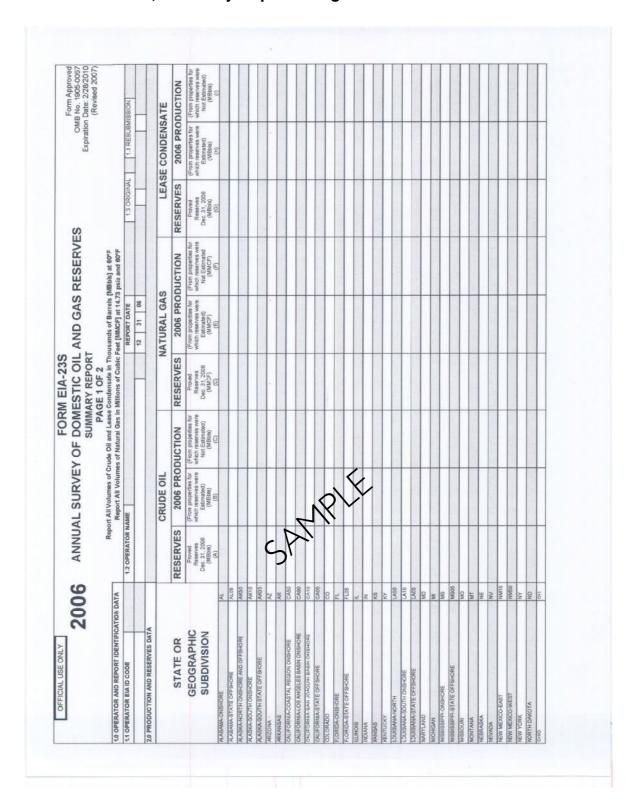


Figure I3. Form EIA-23, Summary Report - Page 2

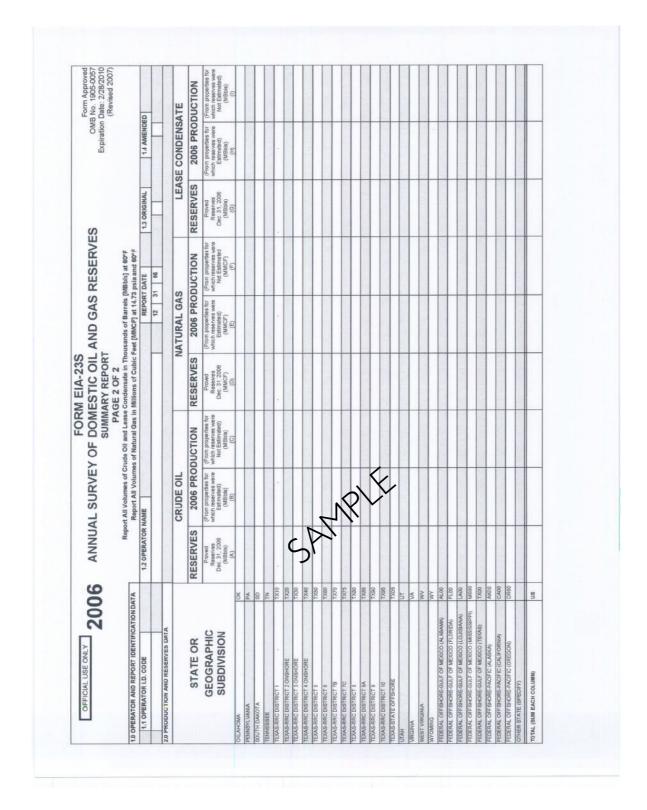


Figure I4. Form EIA-23, Detail Report - Schedule A

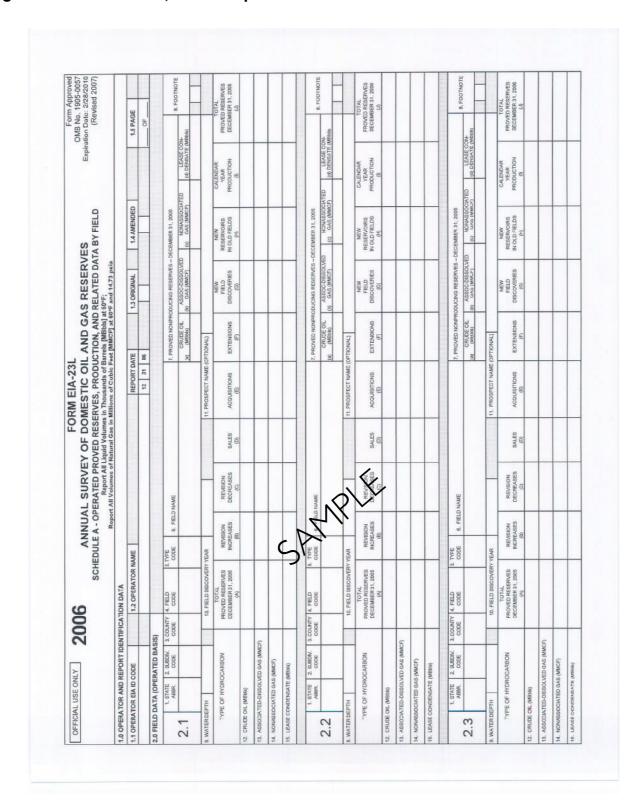


Figure I5. Form EIA-23, Detail Report - Schedule B

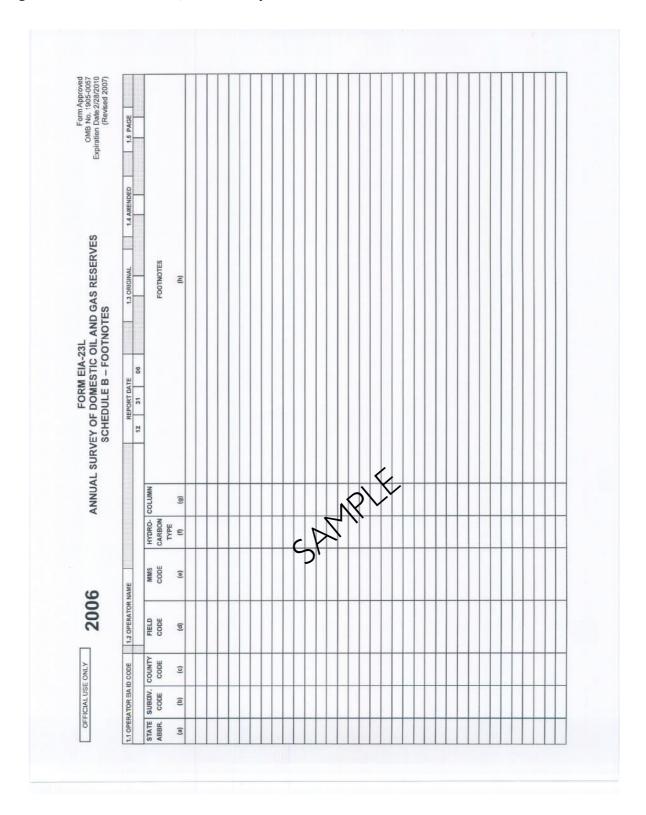


Figure I6. Form EIA-64A

	i.doe.gov Energy Information Administration	tion U.S. DEPARTMENT OF ENERGY Form Approve OMB No. 1905-005 Washington, DC 20585 Expiration Date: 2/28/201				
	ANNUAL REPORT	F	IN OF NATURAL GAS LI ORM EIA-64A NDAR YEAR 2006	QUIDS PRODUCTION		
report is mandat the provisions co	ory under Public Law 93-275. nceming the confidentiality of i	Failure to comply may re nformation submitted on	esult in criminal fines, civil penalties and this form, see Page 2 of the Instructions	other sanctions as provided by law. For the sanctions		
Complete	and return by April 1, 200	7 to:				
Energy Information Administration P O Box 8279 Silver Spring, MD 20907-8279 Attn: EIA-64A OR Fax to (202) 586-1076 (Attn: EIA-64A) Questions?: Call 1-800-879-1470			Affix Mailing Label			
	AND PRODUCTION		FICATION			
Months cove Submission		through	, 2006 (Include Explana	tory Notes in Section 7.0)		
	ation (If label is incorrect ompany's Name	or information is mis	sing or no label is given, enter com	ect information below).		
3.2 Operator	's Name					
3.3 Plant Na	1200/1010/0					
0.0 Fidilitied	1116					
3.4 Geograph	nic Location (Use Area of Origin	Codes, Page 6)				
3.5 Operator	's Address - Street Address/	PO Box:				
City			S/ate	Zip Code		
3.6 Contact N	lama		E-mail Address			
SAC ES SOLIT COMMENSOR	31000745		, X	6.70		
		Ext	Fax Number	3.7 Date		
Telephone Nu	Area of Origin	The state of the s	NATURAL GAS LIQUIDS P	Natural Gas Liquids Production		
RT II. ORIG	Code	Report in	villions of cubic feet (MMCF) (B)	Report in thousands of barrels (MBbl) (C)		
	(A)					
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Line 4.1 4.2)[
Line 4.1 4.2 4.3		-)[
Line 4.1 4.2 4.3 4.4		5)l			
Line 4.1 4.2 4.3 4.4 4.5)[
Line 4.1 4.2 4.3 4.4 4.5 4.6)[
RT II. ORIG Line 4.1 4.2 4.3 4.4 4.5 4.6 4.7	(A))[
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